

5/29/24, 1:04 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PARASEC
Account Number : 120180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

24 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MADISON PLACE SERVICE PROVIDER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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July 29 PM 3:33

DEPARTMENT OF
DIVISION OF
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
MAY 30 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Madison Place Service Provider LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed 01/29/2019 and assigned on Florida document number L19000024080.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

111 W. Central Ave. #1440

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven, FL 33882

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 W. Central Ave. #1440

Winter Haven, FL 33882

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rocket Lawyer Corporate Services LLC

New Registered Office Address:

155 Office Plaza Drive, 1st Floor

Enter Florida street address

Tallahassee

Florida

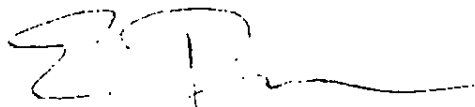
32301

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERT B CASSIDY	346 E CENTRAL AVENUE	☐ Add
		WINTER HAVEN, FL 33880	☒ Remove
			☐ Change
MGR	STEVEN L CASSIDY	346 E CENTRAL AVENUE	☐ Add
		WINTER HAVEN, FL 33880	☒ Remove
			☐ Change
MGR	CSPFL LLC	111 W. Central Ave #1440.	☒ Add
		Winter Haven, FL 33882	☐ Remove
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1). If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 17, 2024

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Randall C. Eberline

Typed or printed name of signee

Filing Fee: \$25.00